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Vol. XIX. No. 9

THE CANADIAN NURSE

AND HOSPITAL REVIEW

Owned and Published Monthly by the Canadian National Association of Trained Nurses

PRINTED BY EVANS & HASTINGS, VANCOUVER, B. C.
Registered at Ottawa, Canada, as Second-Class Matter

SEPTEMBER, 1923

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All Communications to be addressed to the Editor and Business Manager, Vancouver Block, Vancouver, B. C.

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XIX. VANCOUVER, B. C., SEPTEMBER, 1923 NO. 9

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The International Council of Nurses

EDITOR'S NOTE—

As the Canadian National Association of Trained Nurses is affiliated with the International Council of Nurses and its President, one of the Vice-Presidents of this Council, the history of its inception written by Miss Breay should be of interest to all of us.

The essential idea for which the International Council of Nurses stands is self-government of nurses in their associations, with the aim of raising ever higher the standards of education and professional ethics, public usefulness, and civic spirit of their members. The International Council of Nurses does not stand for a narrow professionalism, but for that full development of the human being and citizen in every nurse, which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her.

Next year it will be a quarter of a century since the foundation of the International Council of Nurses, and the younger generation of nurses may not all recognize its significance, or be familiar with its history. We realize this on reading an article in "The World's Health" (a monthly review published by the League of Red Cross Societies) by Miss Katherine M. Olmsted, who through membership of the American Nurses' Association is herself a member of the International Council of Nurses.

International Council, Founded in 1899

We owe our International Council of Nurses, its inspiration, the broadening of the outlook of so many nurses, the professional and social pleasure of its meetings and congresses, and its increasing power of usefulness to nurses all the world over, to the prevision, acute mind, and constant thought for the welfare of the Nursing Profession at large, which has characterised the profession work, and nobility of purpose, of Mrs. Bedford Fenwick for the last forty years.

It was at the Annual Conference of the Matrons' Council of Great Britain and Ireland, held in London on July 1st, 1899, during the Congress of the International Council of Women, when representative nurses were present from the United States of America, South Africa, New Zealand, Holland and elsewhere that Mrs. Bedford Fenwick spoke on the International Idea, and of the strength which can alone be obtained by union. "This union," she said, "has been commenced in this country and in the United States. It remains for the nurses of other lands to follow our example, and unite among themselves; but I venture to contend that the work of nursing is one of humanity all the world over, and it is one, therefore, which appeals to women of every land without distinction of class, or degree, or nationality. If the poet's dream of the brotherhood of man is ever to be fulfilled, surely a sisterhood of nurses is an international idea, and one in which the women of all nations, therefore, could be asked and expected to join. The work in which nurses are engaged in other countries is precisely the same as that in our own. The principles of organization would be the same in every country, the need for nursing progress is the same for every people, and my suggestion briefly is, therefore, that we should here, and to-day, inaugurate an International Council of Nurses, composed of representatives of the Nursing Councils of every country, a body which shall in the first place help to build up Nurses' Councils in those countries which do not now possess any nursing organization at all, which shall afford to those countries the information acquired in England and America in the progress and development of our work, aiding them with our experience, helping them to avoid the difficulties which we have met.

"I beg, therefore, to propose:—

"That steps be taken to organize an International Council of Nurses."

This was seconded from the chair by the late Miss Isla Stewart,

then Matron of St. Bartholomew's Hospital, London, and President of the Matrons' Council of Great Britain and Ireland, supported by Miss M. Huxley, the pioneer of higher education for Nurses in Ireland, and carried by acclamation.

The nucleus of a Committee was then formed, and at its meeting on the following day a very representative Committee, representative of nurses in the United Kingdom, the United States, Canada, New Zealand, New South Wales, Victoria, Holland, Cape Colony, and Denmark was formed.

A Draft Constitution was subsequently drawn up and submitted to members of the Provisional Committee unable to be present, and adopted in 1900.

PROFESSIONAL MEMBERSHIP BASIC PRINCIPLE.

From the first membership has been open to any National Council of Nurses, formed of representative societies and institutions of nurses, provided that their constitution be in harmony with the basis of the Constitution of the International Council of Nurses, that is that they are composed of professional nurses. The National Councils, in their turn, gather up the Associations of Graduate Nurses, and thus is formed a strong body of representative nursing opinion wherever nursing is organized, as each National Council has the right to send four delegates to the Triennial Meeting of the Grand Council of the International Council.

Further, the Constitution provides that "in all countries where a National Council of Nurses is not already organized or federated with the International Council, some representative nurse shall be elected by the Executive Committee to represent her country as Hon. Vice-President of that country in the International Council, until such time as a National Council shall be fully organized and eligible for membership in the International Council."

No Rule is laid down as to the extent of the training which nurses must have before their National Councils are eligible for admission to the International. Provided that the National Councils are composed exclusively of Trained Nurses, and their Constitution is in harmony with that of the International Council, each National Council is left perfectly free to decide its own professional and domestic problems.

The provisions in the Constitution of the International Council referred to above will, when understood, provide an answer to points raised by Miss Olmsted in the course of her article as to the power of the International Council of Nurses to meet the need of many European countries for better nursing, and fuller organization of nurses recognized since the Great War.

Miss Olmsted writes: "What an immense step forward would be realized if all the knowledge and experience available could be brought

to bear upon the creation of a more perfect understanding between nurses of all nations with a view to the development of a more efficient nursing service for the peoples of the world! If a simple and effective organization could be devised to carry into the remotest corners of every country a word of stimulation to the friends of nursing, and a message of hope and encouragement to the pioneers of the profession, what an increase, not only in numbers but in efficiency, would accrue to our world-wide nursing strength. The services which members of our profession can render in countries which are now for the first time demanding trained nurses need be limited only by their own vision."

She goes on to speak of the International Course in Public Health Nursing organized by the League of Red Cross Societies, which has already trained 48 nurses from thirty-one different countries in its International Course in Public Health Nursing. "Each one of them has the same aim, to build up a better nursing service for the people of her country. Those who have watched this experiment can have no doubt of the need and value of a strong international link between nurses of all countries, irrespective of the present strength of the different national nursing associations, which are naturally weaker in the countries which most need help."

She refers to the increasing number of international organizations which are now assuming responsibility for the development of schools for nursing, and for public health nursing, in various countries, but says, "No machinery exists for combining their different experiences, and coordinating their activities. There does exist, however, an International Council of Nurses. . . ."

Here, let it be said, that the machinery for which Miss Olmsted is seeking is ready to hand.

1. It provides opportunities for nurses to meet together from all parts of the world to confer upon questions relating to the welfare of their Patients and their Profession.

2. In cases where a National Council of Nurses is not organized it provides for the appointment of a representative nurse to represent her country as an Hon. Vice-President in the International Council.

3. Although membership of the Council is restricted to trained nurses, and voting power in the Grand Council and at Congresses is naturally limited to those in affiliation with it, the widest opportunities have always been afforded not only to trained nurses to attend as fraternal delegates, but to doctors, and others interested in nursing to participate in these gatherings. At the last Congress, held in Cologne in 1912, the nurses of 23 countries from Europe, Asia, Africa, America and Australasia met in professional Conference and Social intercourse, and no one present then, or at the previous Congresses in London, Paris, Berlin and Buffalo will ever forget their inspiration or doubt the power of the International Council to meet the needs of nurses.

Our first Hon. Secretary, Miss L. L. Dock, to whom the Council owes an immeasurable debt of gratitude, wrote at that time:—

"Our leaders point the way, and each member gives of her experience and knowledge. We learn from one another, and take home fresh material of worth and use. Vigorous natural growth is then seen on all sides; inspiration is contagious, and in spontaneity and freedom is the security that our work as professional women shall not be fettered and trammelled, nor cast in shapes of rigid formalism and of timid subserviency. Immense is the courage and reassurance gained in co-operation. Well was it said by an American patriot in a time of trouble: 'If we do not all hang together we shall all hang separately.' So would it undoubtedly be in our work of building up the science of health nursing; still more in our defence of good standards in sick nursing. Were it not for the links which unite us together, and which enable us to draw upon the fortitude of all, progress would halt or cease altgoether.

"It is easy to see why the enemies of women's higher advance seek first of all to keep them isolated from one another, to throw barriers around and between, to choke free union among women. But the day is gone past when that can be successfully done. Having once learned to know one another, and to share aspirations and ideals in work, women will never again consent to give up the joy of co-operation with one another in the furtherance of those ideals."

Since 1912 the International Council has convened no Congress. That arranged to be held in San Francisco in 1915 was prevented by the Great War, and only business meetings were held in Atlanta in 1918 and in Copenhagen in 1922. In 1925 we hope to have the joy once again of one of these great International gatherings in Helsingfors.

Articles inspired by the League of Red Cross Societies are appearing in the public press in this country which, in my opinion, foreshadow a desire for the absorption of the Professional Nurses' International Organization by the League of Red Cross Societies, which is not a professional, but a social organization governed by the laity. Any such attempt to deprive the International Council of Nurses of self-determination would naturally be opposed by those National Councils which realize the danger to independence and self-government which would inevitably result.

As I have shown, the most friendly co-operation is permissible under the constitution of the International Council of Nurses with all International Organizations working for the betterment of the Public Health, such as the League of Red Cross Societies, the International Congress on Tuberculosis, and the International Social Hygiene Conference, which are all doing useful work; but, with Miss Lavinia Dock, I consider that it is entirely through the strength and prestige of professional organization that our nurses reach the position, dignity, and influence which enables them to be useful in mixed organizations.

Any policy of fusion with lay-controlled organizations would rapidly submerge our great Professional International Council of Nurses and render it useless as the Nurses' voice in the affairs of humanity.

MARGARET BREAY, S.R.N.
Hon. Treasurer International Council of Nurses.
—*British Journal of Nurses.*

Diet and Nursing Care in Diabetes

By ROSEBELLE COUTTS, R.N., Toronto General Hospital.

Read before the Annual Convention of the Graduate Nurses' Association of Ontario, at Peterboro, April 6th, 1923.

In order to understand the dietetic treatment of diabetes, it is necessary to have some knowledge of the constituents of food and of the way in which they are used by the body. The three main food principles are, as you know, protein, fat and carbohydrate.

Protein is the chief constituent of living cells, so the protein absorbed from the food is used to replace the body tissues as they are broken down in the process of metabolism. The main sources of protein are meat, egg, albumen and milk. Carbohydrates—starches and sugars—are converted into glucose, which is the chief fuel of the body, producing heat and energy. Carbohydrate exists in cane sugar, cereal grains, fruit, and, in varying percentage, in vegetables. Fat also produces energy. It can be efficiently utilized by the body only when carbohydrate is present, as it needs the fire of the burning sugar to consume it. Fat is found in butter, cream, fat meat and vegetable oils.

In diabetes, owing to absence or deficiency of an internal secretion of the pancreas, the tissues are unable to burn sugar, and, as fat is burned only in the flame of carbohydrate, it also is incompletely consumed. The unburned carbohydrate is excreted in the urine as sugar, the unburned fat as acetone bodies.

The aim of the diet in diabetes is to prevent not only glycosuria, but also acidosis. Formerly it was believed that the addition of fat to a diabetic's diet might result in acidosis and coma, and until quite recently the plan usually followed was to reduce the patient's diet, cutting out fats first, until he became sugar free. Then gradually increasing amounts of carbohydrate and protein were given, and, if the patient had no acetone bodies, some fat was also allowed. Now, however, it is known that, if the fat in the diet bears a definite ratio to the carbohydrate, large quantities may safely be given. The addition of fat to the diet has made it possible to give the diabetic much more interesting and satisfying meals.

At present the plan usually followed is to put the patient on a basal diet; that is, a diet of a sufficiently high caloric value to provide the body with the energy it requires at rest. It is calculated from the surface area of the patient, which is obtained from his age, height and weight; e.g., we have a man 50 years of age, 5 ft. 8¼ in. in height, and weighing 123 lbs. His surface area, obtained by means of the Du Bois height and weight chart, is 1.6 square metres. His basal caloric requirement is 1,524 calories. The fat and carbohydrate are worked out according to standard formulae, so that the fat bears a definite ratio to the carbohydrate, allowing, of course, for the fact that 58 per cent. of protein and 10 per cent. of fat are utilized by the body as carbohydrate. The amount of protein the body requires is 2/3 gram per kilogram body weight; in this case, 2/3 of 56-37 grams. This man's diet then would be: Protein, 37 gms.; fat, 134 gms.; carbohydrate, 38 gms.

The following are two examples of menus that might be used:

No. 1

BREAKFAST—½ grapefruit, 30 gms. bacon, 1 egg, 1 oz. cream, 30 gms. butter, coffee, bran cakes.

DINNER—Broth, 75 gms. steak, 100 gms. onions, 200 gms. cauliflower with cream sauce, coffee jelly with whipped cream, 15 gms. butter, ½ oz. cream, tea, bran cakes.

SUPPER—1 chicken jelly; 1 tomato on lettuce, with stuffing, nuts, celery and salad dressing; 100 gms. rhubarb, 30 gms. butter, ½ oz. cream, tea, bran cakes.

No. 2

BREAKFAST—½ grapefruit, 1 omelette (2 eggs), 30 gms. butter, 1 oz. cream, coffee, bran cakes.

DINNER—Broth, 100 gms. mutton chops, 200 gms. string beans, 100 gms. cabbage, 1 tomato jelly, Bavarian cream, 30 gms. butter, ½ oz. cream, tea, bran cakes.

SUPPER—Cream of celery soup, lobster salad on lettuce, 100 gms. asparagus, 100 gms. cranberries, 15 gms. butter, 1 oz. cream, tea, bran cakes.

In both these diets the carbohydrate is given entirely in the form of 5 per cent. and 10 per cent. vegetables. This is usually done until the patient's tolerance is discovered, as the carbohydrate is much more slowly absorbed in this diluted form. If the patient's tolerance permits, or in some cases when he is put on insulin, the carbohydrate may be given in more concentrated form, e.g., 15 per cent. and 20 per cent. vegetables, oatmeal, and sometimes bread. One disadvantage of giving the carbohydrate in this way is that it decreases the bulk, and so does not satisfy the patient's hunger.

There are several ways in which the diet may be increased and improved without adding food value. The bran cakes used are made with agar, or Indian gum, and contain no protein, fat or carbohydrate.

Jellies may also be made with agar, and flavored in various ways. A very good salad dressing may be made with mineral oil, and there are several flours made of cellulose which may be used in various ways and which have no food value.

The milder cases respond well to this diet, and, when they have been sugar free for some time, increases in the amount of food are made gradually, until a diet is given of a sufficiently high caloric value to enable the patient's return to normal life. Of course, no diabetic can ever abandon dietetic treatment. The more severe cases are put on the same diet and kept sugar free with insulin, the dose depending on the severity of the case. The insulin is usually given immediately before meals. Any patient, no matter how severe a diabetic he is, may be kept sugar free on an adequate diet if he is given large enough doses of insulin.

It is surprising what a difference the change in diet has made in the nursing of the diabetic. Formerly the average patient was underfed, undernourished, and irritable, and had to be watched constantly to prevent breaking diet. And it was impossible to prevent it altogether, because most diabetics were utterly untrustworthy, as far as diet was concerned, and would steal food on every possible occasion.

Now, however, they are given meals which they enjoy and which satisfy their hunger; they feel well and, in the majority of cases, require very little actual nursing; with the result that the nurse's duty has become largely one of education. She should explain to them the nature of the diet and the necessity of strict adherence to it. She should teach them to work out menus for themselves, so that they understand exactly what they are allowed. The importance of the collection and examination of specimens should also be explained. Most of the patients are very much interested in learning these things, and also in having some definite occupation. In our clinic they are taught different occupations, by the aides in the Occupational Therapy Department, such as knitting, working in leather goods, weaving, wood-carving, etc. Some of them, whose diet permits of a little extra work, help on the ward and in the laboratory.

The giving of insulin, of course, entails extra nursing care. It is given hypodermically—and should be given very superficially, as abscesses are likely to result if it is given at all deeply. The patients getting insulin have to be watched very closely, especially if the dose is increased or a change made from one "lot" of insulin to another. This is necessary, because the insulin, if given in too large a dose, or too long before food, may cause a lowering of the blood sugar below the normal level. This condition is called hypoglycaemia. The nurse must be on the alert, as the symptoms—weakness, nervousness and sweating—may appear very suddenly and be rapidly followed by unconsciousness, which may end fatally. The early symptoms may be relieved by giving carbohydrate in some form, e.g., orange juice, glucose or cane sugar. One of these should be always available, and, if the symptoms are severe and no doctor is at

hand, the nurse should administer it. If the patient is unconscious, adrenalin may be given, or glucose, by gavage or intravenously. In this way the blood sugar is restored, and recovery is usually quite rapid. A patient who has had a reaction recognizes the very early symptoms, and is warned to report them immediately. The carbohydrate is administered at once, and in this way reactions may be almost entirely avoided.

Special nursing care is required also in the case of coma. Coma is due to the collection in the blood of acetone bodies, and the treatment usually followed is to give insulin in glucose intravenously, and to push fluids by mouth. The two most important duties of the nurse are to see that the patient is kept warm, as the temperature is usually sub-normal, and that sufficient fluids are given—and "pushing fluids" is not so simple as it sounds. To give a comatose patient five quarts of fluid a day is a real task; but it is a most important part of the treatment, and a part that depends entirely on the nurse; otherwise the nursing care is the same as that of any sick patient.

So, you see, the diabetic nurse has a variety of responsibilities. She must be able to look after the dietetics and teaching, as well as the nursing; and she is repaid by the interest and co-operation of her patient in a way which is rare in any other branch of nursing.

Healing Cults

By W. B. Burnett, M.D.,
Vancouver, B. C.

There is nothing more remarkable in life than the fact that, where healing is concerned, human credulity seems to learn nothing from human experience. We are likely to think that quackery is comparatively new, probably fostered by the unseemly struggle for success, which is sometimes considered characteristic of our times. The claim, however, of the irregular healer is not new. Herodotus, nearly five hundred years before Christ, relates a typical story of the time, as follows:

The Weaver Who Became a Leech

Once upon a time there was a man in Persia who wedded a woman, of rank higher than himself and nobler of lineage, who had no guardian to preserve her from want. She was loath to marry one who was beneath her; yet she wed him because of need, and took of him a bond in writing to the effect that he would ever be under her order to bid and forbid and would never thwart her in word or in deed. Now the man was a weaver, and he bound himself to pay his wife ten thousand dirhams in case of default. After such fashion they abode a long while till one day the wife

went out to fetch water, and saw a leech who had spread a carpet, hard by the road, whereon he had set out a great store of simples and implements of medicine, and he was speaking and muttering charms, while the folk flocked to him from all quarters and girt him about on every side.

The weaver's wife marvelled at the largeness of the physician's fortune and said in herself, "Were my husband such a one he would lead an easy life, and that wherein we are of straightness and poverty would be widened to him."

When she went home she said to her husband, "Verily my breast is narrowed by reason of thee and the very goodness of thine intent; narrow means suit me not; and thou in thy present craft gainest naught; so either do thou seek out a business other than this or pay me my rightful due and let me wend my way."

Her husband chided her for this and advised her to take patience; but she would not be turned from her design and said to him, "Go forth and watch yonder physician how he doth and learn from him what he saith."

Said he, "Let not your heart be troubled; I will go every day to the session of the leech."

So he began resorting daily to the physician and committing to memory his answers and his jargon. Then he returned to his wife and said to her, "I have stored up the physician's sayings in memory and have mastered his manner of muttering and diagnoses and prescribing remedies, and I wot by heart the names of the medicines and of all the diseases, and there abideth of thy bidding naught undone; so what dost thou now command me now to do? Quoth she, "Leave the loom and open thyself a leech's shop." "But," quoth he, "my fellow-townsmen know me and this affair will not profit me, save in a land of strangerhood, so come, let us go out from this city and get us to a foreign land and there live. And she said, "Do whatso thou wilt."

Accordingly he arose and, taking his weaving gear, sold it and bought with the price drugs and simples and wrought himself a carpet with which they set out and journeyed to a village, where they took up their abode. Then the man fell to going round the hamlets and villages and outskirts of towns, after donning leech's dress, and he began to make much gain. Their affairs prospered and their circumstances bettered; wherefore they praised Allah for their present ease. In this way they lived and wandered from country to country, sojourning for a while in one town and another, till they came to the land of the Romans and alighted down in the city wherein was Galen the wise physician; but the weaver knew him not. So he fared forth, as was his wont, in quest of a place where the folk might be gathered together, and hired the courtyard of Galen himself. There he laid his carpet, and, spreading out on it his simples and instruments of medicine, praised himself and his skill and claimed a cleverness such as none but he might claim.

Galen heard that which he affirmed of his understanding, and it was certified unto him and established in his mind that the man was a skilled leech of the leeches of the Persians, and he said in himself, "Unless he had confidence in his knowledge and were minded to confront me and contend with me, he had not sought the very door of my house, neither had he spoken that which he hath spoken."

And care and doubt got hold of Galen; so he drew near the weaver and addressed himself to see how his doings would end, while the folk began to flock to him and describe to him their ailments, and he would answer them thereof, hitting the mark one while and missing it another while, all that naught appeared to Galen of his fashion whereby his mind might be assured that he had justly estimated his skill.

Presently up came a woman, and when the weaver saw her afar off he said to her, "Is not your husband a Jew and is not his ailment flatulence?" "Yes," replied the woman, and the folk marvelled at this; wherefore the man was magnified in the eyes of Galen, for he had heard speech such as was not of usage of doctors.

Then the woman asked, "What is the remedy?" and the weaver answered, "Bring the honorarium."

So she paid him a dirham and he gave her medicines contrary to that ailment and such as would only aggravate the complaint. When Galen saw what appeared to him proof of the man's incapacity, he turned to his disciples and pupils and bade them fetch the mock doctor, with all his gear and rugs; and accordingly they brought him without stay or delay. When Galen saw the weaver, he asked, "What drove thee to do that which thou dost?"

So the weaver acquainted the wise Galen with his adventures, especially with the marriage settlement, and the obligation by which he was bound with regard to his wife, whereat the sage marvelled.

Then he entreated the weaver with kindness and took him apart and said to him, "Expound to me whence thou knowest that this woman was from a man, and he a stranger and a Jew, and that his ailment was flatulence?"

The weaver replied, "'Tis well. Thou must know that we people of Persia are skilled in physiognomy, and I saw the woman to be rose-cheeked, blue-eyed and tall statured. These qualities belong not to the women of Rome; moreover I saw her burning with anxiety, so I knew that the patient was her husband. As for his strangerhood, I noted that the dress of the woman differed from that of the townsfolk, wherefore I knew that she was a foreigner; and in her hand I saw a yellow rag, which garred me wot that the sick man was a Jew and she a Jewess. Moreover she came to me on First Day; and 'tis the Jew's custom to take meat puddings and food that hath passed the night and eat them on the Saturday, their Sabbath, hot and cold, and they exceed in eating; wherefore flatulence and indigestion betide them. Thus I was directed and guessed that which thou hast heard."

Now when Galen heard this he ordered that the weaver be given the amount of his wife's dowry and bade her pay it to him and said to him, "Divorce her." Furthermore he forbade him from returning to the practice of Physic and warned him never again to take to wife a woman of rank higher than his own; and gave him his spending money and charged him to return to his proper craft."

Many centuries before Christ there were in Egypt, India and Greece men who had received a regular professional education. Egyptian physicians were held in great repute. Their positions were equal to that of the priests, and they were trained in schools associated with the temples. There were, however, undoubtedly at this time, many irregular practitioners who made extravagant claims, but who had no special training, who gave advice to people on the streets, and it is recorded that in Babylon about this time sick people were laid out in front of the houses where advice would be given very cheaply by the wandering healers of that time.

In the first century B. C. the Roman Empire recognized a regular course on instruction in the healing arts. The future doctor was required to have learned grammar, history, rhetoric, to be well acquainted in mathematics before entering in the study of medicine. By the side of this learned profession flourished a school of the so-called Methodist sect, which undertook to fashion cooks, spinners, cobblers or weavers into good doctors in six months. Pupils of this stamp could not even write or speak correctly.

During the middle ages in Arabia and also in Western Europe, the cult known as "Water Doctors" became very prominent. Of course, in the days before chemical tests were heard of, all sorts of fantastic notions prevailed as to the significance of different appearance of the urine, and thus a class of quacks grew up who made this their specialty.

A striking proof that even the most enlightened men with no special knowledge of medicine are easily decieved is to be found in Bishop Berkeley's belief in the virtues of tar water, a remedy very prominent about the middle of the Eighteenth Century. Berkeley expressed the belief that "tar water would mitigate and even prevent the small-pox and erysipelas, that nothing is so useful as this in cases of painful ulcers of the bowels, in consumptive coughs and ulcers of the lungs with expectoration of pus; that it cures asthma, dropsy and indigestion, the King's evil, all kinds of sores and the foulest disorders."

Goldsmith, writing about this time, says, "The advertising professors delight in cases of difficulty. Be the disorder never so desperate or radical, there will be found numbers in every street who by levelling a pill at the parts affected promise a certain cure without loss of time, knowledge of a bed-fellow or hindrance of business. The benevolence of the quacks is amazing. They not only in general give their medicines for half value, but use the most persuasive remonstrances to induce the sick to come and be cured."

(To Be Continued.)

Editorial

Canadian nurses, and, indeed, the nursing profession everywhere, rejoice with our American sisters in the appointment of Miss Goodrich as dean of the nursing school in connection with Yale University. With Miss Goodrich's personality, rich experience and high ideals for public service, this experiment in training school education should point the way for others. Surely it starts under the very best auspices. We may be forgiven if in Canada we look with envy on a school that can be started on a proper footing financially, due to the far-seeing vision and public spirit of a wealthy woman. We may, too, in Canada, soon be able to report some such sum placed at our disposal. That the present type of school, which brings only the care of the sick to the attention of the pupil nurse and does not emphasize the prevention of sickness and teach health education, is behind the times and must change, be it ever so slowly, impresses itself on us more and more. That it is the duty of the nurses themselves to bring this point to the attention of the public is also a self-evident point. We, as a profession, do not use our knowledge of the public needs, as well as the needs of our student nurses, as we should. We are apt to remain quiet and wait till the medical men or the public demand changes before we move or advocate any special alteration in our present education of student nurses. Health education—whether in the home, where the private duty nurse has first place, or in the ranks of those definitely known as public health nurses, prevention of sickness and better health for our people is, or should be, the very central point of all our nursing education.

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Quarterly Reports of the Provincial Associations.

Graduate Nurses' Association of Ontario.

January 1st to March 31st, 1923.—At the meeting held in January, one Alumnae Association (St. Joseph's Hospital, Sudbury) was accepted into membership.

At the February meeting the principal business was a discussion on the revision of the Constitution, a plan for which was decided upon to be presented at the annual meeting.

The annual meeting was held in Peterborough from April 5th to 7th. At this meeting the proposal for the revision of the Constitution was presented and accepted, and a committee appointed to continue this work. The revised Constitution is in accordance with the Act of Registration for Nurses in Ontario now in effect in the province.

A committee on the Curriculum for Standardization of Training Schools reported, and their suggestions brought forth interesting dis-

cussion. The Curriculum submitted, with several alterations, was accepted and a committee appointed to make a study of and plan a detailed standard curriculum for student nurses.

During this period the Department of the Provincial Secretary has appointed Miss MacPherson Dickson as Inspector of Training Schools, to make a survey of the training schools of the province.

April 1st to June 30th, 1923—Since the annual meeting, April 5th to 7th ulto., standing committees have been reorganized, and have formulated plans for the year's work.

The Private Duty Committee has completed arrangements for a refresher course for private duty nurses at the University of Toronto from August 6th-10th, inclusive.

Our Advisory Committee on a Minimum Standard Curriculum has had several meetings and is making progress towards the completion of this work.

(Signed) BEATRICE ELLIS, REG. N.
Secretary-Treasurer, G.N.A.O.

The above reports were received at the national office and presented by the Executive Secretary to the members of the Executive Committee at a meeting held in Toronto on July 27th ulto.

These reports were received with appreciation by the members present, who expressed a wish that similar reports from all provincial associations be forwarded to the national office at the termination of each quarter of the calendar year so that the Executive Committee may be kept informed of the nursing progress in the various provincial associations.

* * * *

An impressive celebration of the birthday of Florence Nightingale was held on Mothers' Day, May 13th, in San Francisco, under the auspices of the Guild of St. Barnabas. A vesper service was held in Grace Cathedral, with Dean Gresham preaching the sermon. Over 700 nurses, men and women, marched in procession to the cathedral; walking two and two, they covered two city blocks. Six army nurses acted as ushers in the cathedral; the only Canadian nurse among them being Miss Nellie Waddington, graduate of the Vancouver General Hospital, who served during the war in the American Armp Corps, and is at present at the military hospital, Presidio, San Francisco. The sermon was a wonderful one, bringing out the true value of Miss Nightingale's life and work.

EDITOR'S NOTE.—Readers of the August magazine must have noticed several errors in the articles printed. Through some mistake the magazine was set up before the final page proofs were submitted to the Editor for proof-reading. The regrets of both the Editor and the Publishers are expressed by this notice.

The World's Pulse

By Elizabeth Robinson Scovil

A Luxury Ship.

The new Cunard steamer *Franconnia* has a sports arena covering 5,000 square feet and extending upwards through two decks. It has a full-size squash ball court, a well-equipped gymnasium, and a swimming pool. On the top deck is a fully fitted press-room, where the Atlantic edition of the *Daily Mail* will be published.

Joan of Arc.

A statue of Joan of Arc has been placed in Winchester Cathedral, close to the chantry of Cardinal Beaufrot, who was one of her judges at the trial at Rouen, where she was sentenced to be burnt as a witch.

Prolonging Life.

Dr. Leonard Williams, a London physician, says man ought to live to 140. Vitamines are indispensible to life, and these are found in raw rather than in cooked food. Men should partake of meagre fare, fresh air and all kinds of raw food, dairy produce and salads. He thinks the cooking stove not the invention of the higher powers.

An Ancient Hospital.

St. Bartholemew's Hospital, London, has just celebrated the 800th anniversary of its founding. It has ministered continuously to the sick and needy, without fee, during all these years. It has served men from those wounded by Norman arrows to those stricken by Zepplin bombs. Rahere, the first prior and founder, provided accommodation of a very meagre kind for 100 persons. The hospital now has 687 beds, and needs more.

A Brave Woman Honored.

The gold medal of the Order of the Hospital of St. John of Jerusalem in England was awarded to Lilian Agnes Starr, in recognition of her bravery in assisting in the rescue of Miss Ellis, who was abducted by tribesmen from the British cantonment at Kohat, on the north-west frontier of India. She has already been awarded the Kaiser-I-Hind medal and bar for her brave action. She was the daughter of a missionary and the widow of a medical missionary.

Babies Born With Teeth.

A French surgeon has reported to the Medical Society of Bordeaux the birth of twin boys, one of whom was born with a full set of teeth, and the other cut a tooth when twelve days old. Only about fifty cases have been noted in medical reports. Richard III. of England and Louis XIV. of France were born with teeth; the latter had two at birth.

Airplane Safety.

An English inventor has submitted to the Air Ministry a device by which, within less than four seconds from the moment the pilot pulls a lever, the cabin containing the airship's passengers is freed from the machine and is parachute-borne in safety to the earth. Different types of parachutes are now being tested for war planes.

Lost Secrets.

It is said that an Italian manuscript, dated 1716, has recently been found in a library. It contained the secret of the Cremona varnish, used by Stradivarius, Guarnerius, and other famous violin makers. The manuscript also contained a recipe for dissolving amber and hard resins, a process which has been lost for two centuries.

Justice in the North.

A Canadian Mounted Police officer recently brought an Eskimo prisoner 700 miles by dog team, over Arctic trails, and 125 miles by Eskimo schooner, to be tried for the murder of two men, a Mounted Policeman and a white trader. When he was being brought in for trial the first time, he got the policeman's revolver, shot him through the heart, and escaped. In a similar trial held about three years ago, a judge of the Alberta courts, a Crown prosecutor, a stenographer, and the necessary attendants, made the 300-mile trip in six months

A Remedy for Tuberculosis.

A Swiss lawyer, Henry Spahlinger, living near Geneva, has spent twelve years of labor and his fortune of eighty thousand pounds attempting to perfect a serum for the relief of tuberculosis. He has six assistants, all of whom owe their lives to him, and a collection of monkeys and cows which have recovered from the last stages of emaciation. The latter are cared for by an Englishman, who was discharged from a hospital with one week to live. Years must elapse before the serum can be produced on a large scale.

A Zone of Silence.

It is proposed to pave a space of 1500 yards around the cenotaph to the soldiers of the war, in Whitehall, London, with rubber. The rubber will be given free of cost, and will effectively deaden the sound of traffic.

Palestine.

Sir Hubert Samuel, the British High Commissioner, cut the first sod of the new settlement of the Maccabean Society of British Jews, at Gezer, on the plain of Sharon.

A War Memorial.

An arch almost as large as the Arc de Triumphe, Paris, is to be erected across the Memin road, to commemorate the defence of Ypres. A British firm secured the contract in public competition. It will cost about £140,890.

News from the Medical World

By Elizabeth Robinson Scovil

The Cure of Syphilis.

The following conclusions are drawn in an interesting article in the *Journal of the American Medical Association*. There are no satisfactory criteria as to the cure of syphilis. Relapses may occur after a patient has remained without symptoms and shown a negative reaction to the Wasserman test for six or seven years. The results of treatment in early secondary syphilis are surprisingly good. In the vast majority of cases late syphilis cannot be cured. Syphilis is not a benign disease; many deaths are due to it, directly or indirectly.

Diabetes Millitus.

Carbohydrates, such as the starches, taken in the food, are converted into a simple sugar, such as glucose. These are absorbed by the intestine and carried to the liver, where much of it is stored as glycogen. The remainder is carried to the muscles and other tissues, where some of it is stored as glycogen and some of it is oxidized. Prior to these changes, glucose undergoes a change in chemical structure and passes from an inactive into an active form. In diabetes millitus it is probable that the sugar absorbed from the intestine is no longer properly changed into the active form, so it cannot be stored in the liver as glycogen or oxidized in the tissues, but circulated in increasing quantities in the blood and is excreted in the urine, becoming lost to the body as a source of energy. The store of glycogen is rapidly exhausted and protein is attacked. Owing to the absence of carbohydrates, there is incomplete combustion of fat, resulting in acidosis and coma. The symptoms are a voracious appetite, increase of sugar in the blood and in the urine.

Cancer Research.

A new movement is being inaugurated called the British Empire cancer campaign. The British Red Cross Society has placed its organization at the disposal of the council of the campaign. Investigation will be carried on along many lines and the results brought to a common stock of knowledge. At the Cancer Hospital, London, many experiments have been made on substances suspected of causing cancer. The fact that arsenic, tar and parafine can do this has been confirmed.

Sunlight.

New York received twice as much sunlight as London for every month in the year. In English cities 50 per cent. of the sunlight is obscured by smoke. In Pittsburgh, Pa., 40 per cent. is lost in the same way. The air must be cleaned as the water supply has been, and this can be done by preventing pollution.

Insulin.

It is this condition that insulin is destined to remedy. The extract is prepared from a part of the pancreas known as the islands of Langerhans. These contain a substance which lowers the blood sugar and diminishes, or prevents, the excretion of sugar in the urine. Its indiscriminate use is considered a real source of danger. Appropriate diet should be tried; if it is not effective, insulin should be resorted to. It is stated that approximately 75 per cent. of diabetics may be controlled by dietetic treatment.

Cause of Death in Electric Shock.

A writer in the *Lancet* says that deaths from electric shocks are due to a sensory stimulation causing paralysis of the respiratory centre. Artificial respiration should be used. In some cases death may be only apparent and real death follow from the lack of some means of carrying on the essential functions of the body.

Treatment of Spider Bite.

A hot water bath, as hot as can be borne, is recommended as by far the best method of treatment. It should be given three or four times in twenty-four hours; the bite itself being bathed in hot water much oftener.

Rickets.

An English committee has been studying in Vienna the cause of rickets, which has been especially prevalent there since the war, and has been under investigation by Austrian scientists. They decided that the disease is due to a diet poor in fat soluble vitamens and to lack of sunlight. They do not think it is an infectious disease. The utmost harmony prevailed between the British and Austrian scientists.

The Use of a Pillow.

A writer in a medical journal suggests placing a pillow between the end of the mattress and the foot of the bed after an abdominal operation, or in cases of prolonged confinement to bed. The patient pushes the feet against it, using it as a punching bag, and the exercise keeps the muscles of the legs from becoming flabby. When the patient is released from the bed he is able to walk fairly well, instead of wabbling.

A Quebec Grant.

The Quebec government has granted $500,000 to be expended in five years in an effort to reduce the death rate in tuberculosis and infantile diseases.

Acute Appendicitis.

A physician lays down three rules for the home treatment of persistent abdominal pain. Rest in bed, call a physician, and take no food or medicine by mouth. Mothers should not give castor oil for stomach ache, nor food when there is continued abdominal pain.

Public Health Nursing Department

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Health Teaching in Elementary Schools

To quote from Terman: "The greatest problem of conservation relates not to forests or mines but to national vitality, and to conserve the latter we must begin by conserving the child. No other agency compares with the school in the opportunities offered for contributing to the health of the succeeding generation. We cannot legislate desirable habits of living into men and women, but we may be able to mould after our ideals the hygienic habits of the child."

What, then, are the aims and guiding principles of this new education in health?

The end to be aimed at is not information, but action; not simply a knowledge of what things are desirable, but rather the habitual practice of the rules of healthy living.

Health teaching is habit formation. The formation of a habit usually requires considerable repetition and a long period of time under the most favorable conditions. One of the most important discoveries in modern education is the comparative ease with which habits may be established when pleasure is involved. All learning should be as pleasurable as possible in order to get the facts fused with his emotional life,

and expressed in action. Also, constant repetition is necessary with young children. But, the mere repetition of words often has little to do with meaning. It is a fundamental principle that a thing takes on meaning through the reactions we make to it. Let us illustrate with teaching a child to drink milk. If we can associate the drinking of milk with many responses, and interesting, playful reactions, we shall not only get the right habit involved, but these habits will take on a deeper meaning with emotional coloring. The child who is not only told that he ought to drink milk, and why, but begins actually to drink milk, and then uses his creative fancy in making health rhymes about milk, singing songs, writing compositions, doing constructive work, with the drinking of milk as his central thought, begins to have an attitude, amounting to a conviction, that the drinking of milk is vitally important. These varied reactions take on an added significance in the child's life, when they are also coupled with the idea of regular gain in weight.

Thus, to approach the same health habits from different angles, thus avoiding monotony and insuring pleasurable and varied reactions, it is necessary to have the co-operation of all workers in the school system whose duties give them a share in the health programme, as well as correlation of other subjects on the curriculum with that of hygiene. None of the workers—the school doctor, the school nurse, the physical training teacher, the domestic science teacher, nor the regular grade teacher—is prepared to carry the whole programme, of which the ultimate aim is a sound mind in a sound body.

Every contact of the pupil with the school doctor, or nurse, should be of educational value to the pupil—whether he is before them for a complete physical examination, for a small cut on his finger, or simply for readmission. This is a valuable opportunity for much informal teaching.

In the class-room, by the teacher in her daily contact with the children, and the nurse in her periodic inspections, the health teaching is more formal. Inspections give the opportunity for individual as well as class instruction. With close co-operation between the teacher and school nurse, much may be accomplished. The fundamental health habits to be encouraged, or the Rules of the Health Game, are practically the same in all the grades—the mode of approach varying with the pupils' stage of development. The Toronto Department of Health publishes an outline of Health Talks to be used by the nurse or teachers in the schools—to be adapted to each grade according to the individuality of the nurse or grade teacher. It deals with talks on cleanliness, clothing, care of the teeth, diet, fresh air, sleep, posture, and communicable disease.

Both teachers and the school nurses have used attractive posters in presenting or to illustrate their lessons. The children love the pretty pictures and the rhyme. The subject may be further impressed by the pupils making posters themselves. These posters vary from the simple ones made in the kindergarten, where pictures illustrating simple things,

like drinking milk, eating fruit, cleaning teeth, are cut from magazines—to the more elaborate ones done in the art classes in the senior grades.

Rhymes, original and otherwise, may clothe pertinent health information. Sometimes, given the first line, the child is left to finish the verse.

Children love fairy stories, and these may often be used to impress health habits. Some books which we find helpful in this connection are: Jack O'Health and Peg O'Joy, Cho-Cho, The Health Fairy.

In the higher grades, stories of real people who have contributed to the health of the world appeal to the pupils, such as the story of Pasteur, Koch, Trudeau, and many others.

Health work may be closely correlated with language work. Children love to tell what they know. One class writes very interesting letters to the school nurse, telling her what they do in order to be healthy. One significant thing about them was the frequent use of the word "should." One should go to bed at eight o'clock, one should sleep with the windows open—leading us to suspect that not yet had knowledge been fused into action. In the senior grades, pupils might write essays on "clean milk" or "water supply" or "clean food."

The domestic science teacher has a splendid opportunity of making her subject vital by connecting it directly with health. At the same time, the same subject may be correlated with language and art work—the common beet, for example, being the subject in domestic science—also the subject of an essay—also of a pretty poster, perhaps to be used in the junior classes—with an accompanying rhyme:

If we eat Billy Beet,
He will taste nice and sweet.
or,
Charlie Beet likes to eat
Iron from the ground;
If we eat him, we shall be
Big and strong and sound.

In regard to instruction in diet in the junior grades, brightly colored pictures of vegetables from seed catalogues may be cut out and placed around the room. The children choosing the friends they like best and those they ought to learn to like. Votes may be taken to see which is the most popular. Also hot lunches—or one hot dish—brought from home and reheated or made at school, should be available for all children who cannot go home for lunch.

Some teachers have obtained splendid results in forming habits of cleanliness and neatness by regular inspection of pupils and giving marks for clean hands, face, and nails. This may be extended to include other health habits, such as going to bed at a proper hour, sleeping with windows open, drinking milk, eating vegetables. Just as drill is necessary in teaching fundamental subjects, so daily inspection is the drill work in the teaching of health habits. Inspection should be made frequently,

perhaps daily in the junior grades, and as often as may be necessary in the upper grades, so that habits will not lapse. The time required for inspection varies with the kind of homes the children come from and their previous training. Usually from 5 to 10 minutes are required. In the higher grades, as soon as possible, the responsibility of inspection may be given to the pupils who report results to the teacher.

In connection with cleanly habits, some teachers use a card on which is inscribed "We are clean," which is hung on the class-room door—or in some prominent place, similar to the "No Lates" sign common in many of our schools.

Credit for observance of health habits on the monthly report card of each child would help to put health on an equal footing with other subjects.

In the senior grades, a higher excellence in observance of health rules should be demanded, and class inspections made with less frequency and regularity. The occasional visit of the principal and commendation of clean hands, clean teeth, and good general appearance of the children would be a great help to the teacher and an inspiration to the children. Health habits should be fairly well acquired, but occasional inspections check possible lapses. The cultivation of out-door mindedness among the girls may succeed in making proper shoes and warm clothing fashionable. Here is where the physical director is a powerful factor in the health work of the school.

One of the most important methods used to stimulate interest in formation of health habits is the routine monthly weighing. Children who record this monthly gain on the class-room weight card cannot fail to see the connection between normal gain and an observance of the rules of health. They are more willing to go to bed on time, drink milk in preference to tea and coffee, and obey other health rules. They become intensely interested, and this gives added impetus to correction of defects which may hinder their proper development. Weighing affords a very concrete way of checking up the observance of health rules. If, in addition, to the giving of credit on the monthly report card for the observance of health rules, weight also were recorded, it would be a more complete record of the child's physical condition, which is surely as important as his mental progress.

Distribution of milk in the schools is an effective way of demonstrating its value and making it popular, due to the group influence—even among those who declared they never could drink milk. In some schools, where 200 or more get milk, the teachers take full responsibility of this distribution, getting the number of pupils desirous of having milk and sending it to the principal, who does the ordering. Pupils are detailed to take charge of the distribution to the various rooms and pupils, each pupil receiving a half-pint bottle and a straw. Weighing pupils in connection with drinking milk helps to impress still further the relation of diet and growth.

The Junior Health League classes, or classes in infant hygiene for girls in Senior III. or Junior IV., is one means of teaching the importance of good care in infancy, if we are to have healthy children and adults—thus enlarging their viewpoint from personal health to civic and national health. The aim of these classes—as one small girl expressed it—is to produce healthy citizens and a healthier Toronto. The course consists of eight lessons taught by the school nurse. The majority of principals have consented to have the lessons taught in school hours, realizing their importance. At the conclusion of the course there is a written test, and the successful pupils receive a pin and a diploma. Many of the girls give their small brothers and sisters the benefit of what they have learned. In connection with this, one little girl was moved to write a little play, which she wished to have acted at the closing, when diplomas are presented.

Up to date there are no classes for boys corresponding to the Junior Health League classes for girls, in Toronto, though in one school some boys were so envious of the girls having special classes that they came to the principal's assistant with the request that special instruction be given to them also. The principal suggested classes in first aid work, but so far nothing has been done in that respect.

In connection with teaching health, we must not forget to mention the special classes for handicapped children, which enable them to conserve and improve what resources they possess, mental and physical, such as the forest schools, open air classes, lip-reading classes, industrial classes, and our cripple class.

Whoever the health teacher be—whether the school doctor, school nurse, or regular grade teacher—he or she must be thoroughly convinced that health is a vital matter, and be most enthusiastic in carrying out its principles—the preacher must practise what he preaches. "The great thing," says Edward Devine, "is an enthusiasm for health. One is very unlikely to have any genuine enthusiasm for a good which he himself is too indolent to work for. The ideally effective teacher of hygiene will be the teacher who literally enjoys good health, who willingly and religiously practises the health habits offered to the children, and who demonstrates in appearance, and by vigor and good nature, the beneficial effects of good health conduct."

B. A. Ross,
Department Public Health, Toronto.

Pioneer Public Health Nursing in Prince Edward Island

Two very interesting and very busy years have been spent in trying to introduce child welfare and public health nursing into the Island Province, commonly spoken of as "The Garden of the Gulf," or "The Million Acre Farm."

Prince Edward Island, which is crescent shaped, covers about 2200 square miles and has a scattered population of less than 100,000. As there is but one railway running the length of the island, transportation, of course, is a problem, especially in the bad weather. In the summer the island is one of the prettiest places imaginable, with its terra cotta coloured roads, bordered on both sides with huge birch and spruce trees. In motoring through the country, one is seldom out of sight of water, for bays and rivers break the coast line every few miles.

Charlottetown, which is a beautiful little city, is the seat of the Provincial Government. In fact all matters pertaining to the welfare of the island are settled here, for there are no municipalities or county councils to share the power.

The people are descendants of the fine old Scotch, English and French families that originally settled the island. On the whole they are unusually conservative, dignified and independent.

Two years ago, at the request of the Prince Edward Island Red Cross branch, the Canadian Red Cross sent me to put on a child welfare and public health nursing demonstration, hoping that at the end of a year the island government would be sufficiently impressed with the importance of the work to be willing to bear part of the financial burden, for it could never become a permanency otherwise.

I soon found that our problem was rather a unique one, for it was not alone a case of interesting a few important people and converting the members of the government. The people of the island, as a whole, would have to be sufficiently stirred up, so that they would demand that the government fianance the work and at the same time state their willingness to pay the extra tax. Imagine in these days trying to persuade people that they want another tax levied!

Last year not enough pressure was brought to bear, but we are hoping for better results this spring, as our annual report made the people realize more fully that the island could not afford to have the health work stop.

Until we started, no organized child welfare or public health work of any kind had been done, and very few thought that there was any need for it.

I soon saw that the only method of introduction into the homes would be through the children, so decided to start work in the schools in the larger centres, and at the same time to give talks to groups of people of all kinds.

The government provided the necessary permission for carrying on health work in the schools, and later passed an act to that effect.

While working on the school record-cards, etc., I made the rounds of the Charlottetown schools and gave class-room talks, explaining to the children why and how we were going to carry on health inspection so that they could take home the details to their parents. I soon learned

that, on the whole, the children were hard to interest, but splendid when they once decided to accept you and your ideas. Before long I had many staunch friends among them.

With the exception of a little volunteer help, I worked alone for three months, when I was joined by a second nurse, and in May, 1922, a third was added to the staff.

We have tried to make our school work as thorough as possible, rather than inspect a great number of schools.

In addition to the class-room talks on health habits, each child, after having been weighed and measured and having had his habits checked up on his record-card, was talked to individually by the nurse, who tried to inspire him according to his special needs. By the time this was finished, the children, instead of being frightened, as they were prepared to be, were keen for the final examination.

Practically every doctor on the island has helped with the examination of the school children in his vicinity, and several who were sceptical at first became very much interested before they had finished.

The parents were always invited to come to the schools while their children were being examined, or to come after school hours in order to have a talk with the nurse.

In every case explanatory slips were sent to the parents, stating whether defects found in their children were slight and could be corrected by home treatment, or whether the family physician should be seen.

The follow-up work in the homes has proved very satisfactory. Parents who would otherwise have paid little attention to the slips have, after a personal visit, been convinced of the importance of having the defects corrected and been willing to co-operate with the nurses by encouraging the children to improve their health habits.

Where the children needed to be operated on, or needed special treatment, and the parents were unable to pay, we have been able to make satisfactory arrangements with the hospitals or with the local doctors.

During the summer of 1921 the Red Cross office was opened one day a week for health conferences. We soon had to move into larger quarters and now have quite an active health centre. Although there is no organized nutrition clinic, last year we averaged 146 monthly visits from underweight school children of all classes, who came regularly to be weighed and measured and to have their health habits checked up. They were always elated if they found that they had not only made the average monthly gain, but that they were gradually making up what they were below standard, and immediately attributed it to their improved habits, especially to the tea given up, the increased amount of milk taken, or to extra hours of sleep in better ventilated rooms.

Although at present the greater part of our work is done among the school children, it is by no means confined to them alone.

As far as possible, we get in touch with and visit the homes of

infants, children of pre-school age and expectant mothers, also of tuberculosis patients, especially if there are children in the family. In 1922, 2300 home visits were made.

We have reason to be encouraged by the increased interest being shown in health matters, as indicated by the number of visits made to the health centre and to the different schools where the nurses are working. When making arrangements to visit a school, we let the district know that, after school hours, literature and advice will be given to any who come, especially to mothers who bring their babies and young children to be weighed. In the evenings public meetings are frequently held or the Women's Institute addressed. In this way we get in touch with people all over the island.

Both years many thousand people have been reached through the Red Cross public health booth at the provincial exhibition. The exhibit was very practical, and the demonstrations covered many phases of child welfare work. Each year over 600 girls, boys and babies were weighed and measured, and, in cases where the parents wished it, a thorough examination was made by one of the local doctors. During the three days doctors and dentists gave talks to the people, both collectively and individually, and health literature was distributed.

During the winter, when travelling in the country is impossible, more intensive work is done in the larger centres, especially among the older girls and young women. Our "Girls' Health Leagues" have proved very popular, and many of the existing girls' clubs have asked for talks and demonstrations on the "Care of the baby" and "Home nursing."

In order to make our work in the public schools more effective, we have given a yearly course of lectures and demonstrations to the students in the Normal School on "Health education." Already we are seeing good results, for these younger teachers are showing a much greater interest in the work.

During the last year the newspapers have been very helpful, and have printed any articles that we have provided. Two of them have given us spaces in their Saturday editions for the insertion of health literature.

Through the Superintendent of Education, who is keenly interested in our work among the school children, I was allowed to attend all the autumn conventions, in order to speak to the teachers on the subject of organizing Junior Red Cross branches in their schools. Where these branches have been formed we find a more lasting interest has been taken by the children in the rules of health, into which they have been already initiated during the school inspection.

There have been many times when we were very much discouraged, but the sustaining thought has always been that, although the immediate results seemed small, surely the next generation would benefit through these children.

A. E. MacMahon, R.N.

Extracts from Address given to the Canadian Nurses' Association, Montreal, May 1st, 1923

By Dr. J. A. Beaudouin, D.H.P., of Montreal.

Last year, on a similar occasion, I had the privilege of speaking of our provincial health organization and explaining the field of its activities.

This year we will examine briefly the most necessary co-operation of the nursing profession with the Provincial Bureau of Health, for the carrying out of its province-wide campaign against infant mortality and tuberculosis.

In this province, as everywhere else, the two main causes of death are infant mortality and tuberculosis. Out of an average annual total of 37,301 deaths, infant mortality and tuberculosis alone are responsible for 15,788, or 42.3 per cent.

Statistics bear out, further, that the number of deaths due to these two causes is not decreasing, but rather increasing, nearly at the same rate as the population. Therefore we can ask ourselves: Are these deaths preventable, and to what extent are they preventable?

There is not the slightest doubt that they are preventable to a great extent, because they have been largely reduced elsewhere.

1. Infant Mortality.—(*a*) The rate in the Province of Quebec for 1921 was 128, the highest rate in Canada, as well as the lowest in the history of the province. Compare this with the rates in other countries and the rates in Thetford Mines. (*b*) The causes of infant mortality were as follows: Gastro-enteritis, 40 per cent.; congenital debility, 28 per cent.; contagious diseases, 7 per cent.; diseases of the respiratory organs, 8 per cent.

All these causes can be reduced, therefore we cannot rest satisfied with the explanation put forward to excuse our high infant death rate and our high birth rate.

2. Tuberculosis.—The rate in the Province of Quebec for 1921 was 132, the lowest in the history of the province, and the second highest in Canada.

The experience of Framingham has proved that the rate can be reduced from 124 to 40, and even to a negligible figure.

The Canadian Tuberculosis Association has decided to establish a demonstration in Three Rivers and a survey in Victoriaville.

Policy of Our Provincial Government.

A great many deaths from these causes can be prevented; a great many lives can be saved.

How can this result be achieved? The means which experience has proved to be the best through its results is the health centre. The first

baby consultation was opened by Dr. Budin in Paris in 1892. Since then there are health centres scattered all over the world.

But the health centre needs two essential elements—the specialized doctor and the qualified public health nurse. Public health nursing in this province is a most promising career.

McGill University has started a special course in public health nursing. The University of Montreal, realizing the same necessity, is also organizing a similar course.

Therefore, with the co-operation of nurses properly trained, through these courses, we are safe in predicting most encouraging results. Inside of a few years we will repeat everywhere throughout the province the experience of New Zealand, the experience of Thetford Mines, the experience of Framingham. Give us your support, and we will save to our province at least 9,000 lives each year.

NEWS ITEMS

Nova Scotia.

The fourth class of nurses to be graduated from Dalhousie University (public health nursing course) received their diplomas from the hands of President MacKenzie on July 13th. The address was given by Dr. B. Franklin Royer, director of the course and executive officer of the Massachusetts-Halifax Health Commission. With this graduation, Dr. Royer and Miss Rose retire from their respective positions as director and assistant director of the course, and it is anticipated that this work will be done through the full-time chair of Public Health now so ably filled by Dr. Hattie, formerly Provincial Health Officer.

Six members of the class received displomas: Misses E. M. Cochrane, P. L. Chutem, J. I. Davidson, B. L. Gregory, E. W. Gorman and M. F. Scott. It is expected that these recent graduates will all join the public health nursing staff of the city and province shortly. The course in public health nursing has been made possible by the closest co-operation between the University medical teaching staff, the Red Cross Society, Nova Scotia branch, which annually contributes a certain number of scholarships, and the various public health and social service agencies of Halifax and Dartmouth.

New Brunswick.

Early in July the "Lady Byng day camp" for delicate children was opened by Her Excellency Lady Byng. This camp is situated on the banks of the Bay of Fundy, and is one of the activities in conjunction with the St. John Health Centre. On the day of opening, 24 children were benefiting by the opportunities such a camp offers.

The Provincial Department of Health has again been active in sending travelling clinics, this summer to areas in the Province lacking surgical and medical facilities. The personnel of the clinic includes an eye, ear, nose and throat specialist, as well as a dentist. Previous to the arrival of these specialists, cases requiring attention have all been carefully selected by the medical school inspector.

The provincial public health nurse is responsible for making all the preliminary preparations for the clinic, which includes organization of a volunteer group of women to help with the various clinics.

Alberta

Miss Ashe, head nurse of the Calgary branch, Victorian Order of Nurses, has returned from attending the summer course in public health held at the University of Washington, Seattle.

British Columbia

Miss Davidson has recently been appointed as follow-up social service nurse for the Government clinic, Vancouver.

Miss Beatrice F. Johnston, public health class, 1923, U. B. C., is in charge of the eye department, Vancouver General Hospital.

Miss D. G. McGregor, follow-up tubercular visitor S. C. R., for the upper country, has left the service. This branch of the work will be carried on by the head office, "J Unit," Vancouver.

England.

On July 5th, 1923, the students completing the Red Cross international course for public health nurses were presented with their certificates at Bedford College of Women, University of London. It is interesting to note that this class of 1922-23, numbering fourteen in all, included nurses from Austria, Czecho--Slovakia, Finland, Great Britain, Iceland, Latvia, New Zealand, Roumania, Liane and Spain.

A kindly deed is a little seed
That groweth all unseen;
And, lo, when none do look thereon,
Anew it springeth green.

Still may the future path your feet shall press,
E'en as the pathway that you yet have trod,
Be bright with joy the Master's smile to bless,
Be rich with mercy leading nearer God.

SOON SHALL THE WINTER'S FOIL BE HERE

Soon shall the winter's foil be here:
Soon shall these icy ligatures unbend and melt—a little while
And air, soil, wave, suffused shall be in softest bloom and growth—
A thousand forms shall rise
From these dead clods and chills as from low burial graves,
Thine eyes, ears—all thy best attributes—all that takes cognizance of natural beauty,
Shall wake and fill. Thou shalt perceive the simple shows, the delicate miracles of the earth—
Dandelions, clover, the emerald grass, the early scents and flowers,
The arbutus under foot, the willows yellow green, the blossoming plum and cherry.
With these the robin, lark and thrush singing their songs, the flitting bluebird;
For such the scenes the annual play brings on.

Walt Whitman.

Pupil Nurses' Department

The Student Christian Movement in Schools of Nursing

We wonder if nurses-in-training in our Canadian hospitals think of themselves as students. Why, of course, a nurse-in-training is just as much a student as any one of those attending our Canadian universities.

We hear of the Student Christian Movement of Canada, and of the large numbers of university students who have taken up this work in their respective colleges. Of its future success there can be no doubt.

Do the pupil nurses realize that in becoming affiliated with this cause they have the opportunity of meeting with many students of other schools, of exchanging ideas for school activities and school enthusiasm, and with it the cultivation of the higher ideals and ambitions so characteristic of these conferences?

A few training schools have been represented at the Toronto and Elgin House conferences, and some have carried on the work of the movement in their schools, some more and some less successfully. It would be interesting to hear from the other training schools what success, if any, it has had, and the students of the training school I represent would welcome, through the page of our magazine, the views of other hospitals, preferably those removed (as this one is) from university centres.

I, as a privileged past delegate to one of the conferences, realize how great would be the possibilities, if successfully organized in any given training school, and yet the difficulties loom up, probably because of inexperienced leadership—but, where better could we begin? Where receive more sympathy for shortcomings, and where better prepare ourselves for organized effort, both as graduate nurses and women citizens, than in our Alma Mater?

If it were realized that to have a successful organization within the training school, all the pupils must share, whether it be under the guidance of the Student Christian Movement, or merely a school unit, aiming at the development of religious, moral, and physical sides of the students' lives, would that not tend to broaden our outlook, make us less critical, happier, and in every way better prepared for our work as professional women after graduation?

I have not, of course, touched on student government. It is rather with a hope of gaining expression on social activities within the nurses' home that these views have been expressed.

E. E. Hulek,
Pupil Nurse, Hamilton General Hospital.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.

Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.

Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

Ontario—Miss Helen Carruthers, 572 Sherbourne Street, Toronto, Ont.

Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

ONTARIO

The nurses of the Toronto Central Registry are holding a bazaar on the 9th and 10th of November, 1923, in aid of the club house building fund. The committee in charge are anxious that this shall be a success, and hope each member of the registry will do her part towards this end. Miss Clara A. Brown, 86 Avenue Road, Toronto, is general convenor, and will be pleased to receive donations from any nurse interested, whether in or out of the city.

* * * *

BRITISH COLUMBIA

Thirty-three nurses registered for the Private Duty Nurses Institute, held for four days under the guidance of Miss Ethel I. Johns, of the University of British Columbia, July 24th to 27th inclusive. Illustrated lectures on the History of Nursing, general cultural lecture conferences with representatives of the medical profession, demonstration of practical nursing procedures at the Vancouver General Hospital, discussion of special private duty problems, lectures on the management of nervous patients, demonstration of the work of the occupational department of the Shaughnessy Military Hospital, with a demonstration of books of the University, made up a most interesting and instructive plan to help the private duty nurses of Vancouver and vicinity in their work.

TIME-SAVING THERMOMETER

A new thermometer has recently been developed which eliminates the necessity for shaking down the mercury. This thermometer is equipped with an especially designed case which automatically forces down the mercury in one whirl by means of a spiral movement. By this simple operation, which is easily accomplished, the thermometer is always ready when needed.—*The Trained Nurse.*

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Class Room Equipment and Facilities for Teaching

With the public recognition (Yale) of the need for primary nurse education and the phenomenal advance of nursing to the status of all professions, and the ever-widening application and need of that profession, has come a change of policy, due to the untiring effort and work of the heads of training schools, who, in spite of difficulties and discouragement, have, through this soon-to-be-forgotten effort, made the old training schools in deed as in word schools of nursing. The nurse-in-training has become a pupil or student of such school, whose hospital experience to her is only the application and fulfilment of her education. Because of this, the graduate nurse has probably a fuller preparation for her work than is true of any other profession. The student nurse of to-day is beginning to recognize this and so selects the school of nursing she wishes to attend as she would a university. Then, because of these demands, the class-room unit must be of first importance to such a school. This unit might comprise a lecture room, demonstration room, laboratories, reference library, and study rooms. The position and environment of this unit is of importance. Dark, poorly ventilated or improvised rooms, with their suggestion of depression and make-shift, do much to produce that frame of mind in the pupils, with all its attendant harm. The class-room unit may be in the hospital, and this association of theory with practice has much in its favor, but usually space does not permit of this arrangement, and too often such a unit is unequippel because of the nearness to supply source, and thus loses its identity. The unit may be a building by itself, which is in every way advisable, provided it is well equipped and easily accessible at all times by the pupils for reading and study, or, and it is most commonly so, this unit may be in the nurses' residence, occupying a part of the ground floor away from street noises. Whatever the position, these rooms should be together, a whole educational unit, and the principles of school room hygiene in force throughout. The rooms should have, above all, plenty of sunlight. The heating, indirect and sufficient lighting, facilities for ventilation and water supply, the color and unglazed finish of the walls and floors, sufficient blackboard space that does not reflect light, are points of no mean importance in stimulating interest and facilitating teaching. The rooms should be kept clean by the Housekeeping department, but their tidiness and general appearance does become a matter of pride with the pupils. They should be open for use at all times and their atmosphere one of thought, and

should not be used for daily recreational rooms. The lecture room is the largest, with sufficient seating capacity for all the pupils of the school or any large group of people, e.g., the Medical Society, for rooms of this type should be used as often as possible for any educational subject. This emphasises the pupils' work and brings its educational value to the attention of others not specially interested. If space does not permit of a large room, the ability to utilize two rooms for this purpose is helpful. The equipment should be simple or plain. The desk chairs comfortable and placed sufficiently far from the blackboard to be neither tiring nor a strain—and should be provided with silencers and an underneath shelf for unneeded books or material. A sufficiently large table in front, to permit of any small demonstrations, is good. A drawer in this table, provided with scissors, forceps, towels, paper bags, chalk, etc., has been found helpful. Above the blackboard may be placed hooks for models, the chart rack and brackets for the lantern screen. Even if the school does not possess a lantern-provision, as a floor socket, dark shades should be made so that any attractive educational film may be brought to the pupils. The mannikin, skeleton, models of any kind, are kept in this room and accessible for study to the pupils, but there should be a place for such material, as it is a mistake to leave unused material in front of the class, usually standing at different angles and distracting their attention. The same is true of pictures. No part of the School of Nursing is more important than the demonstration room, since in it, more than anywhere else, all the science subjects and ward experience are given nursing application and meaning. It should be attractive and sunny and kept scrupulously clean and sufficiently large to hold beds and cots for practice, in proportion to the size of the classes. All practice should be done under supervision, perfection of detail; careful observation should mark such teaching and work always. Its equipment should be unrestricted, but must not exceed in value the equipment found in any hospital department. All necessary instruments, rubber, enamel or glass material, drugs, etc., for any general nursing procedure should be found in this room. Glass-doored cupboards along the sides bring such material to the constant attention of the pupil and make this room a laboratory of nursing. It is essential that this room be well equipped, its worth being time saved the instructress or pupil in carrying and checking material from the various departments of the hospital. Such method is irksome, and too often the path of least resistance is easier and no demonstration of some nursing point is given at all. The distribution of material is a matter of individual thought of the instructress, and she should have freedom to plan and organize this room as she thinks best. This absolute responsibility, with sufficient time for preparation, usually brings out individuality and thought and tends to produce, through interest, good improvised material for that which cannot be obtained at the moment. In connection with this room, there should be a utility room, provided with water, sink and drain-board, electric stove, sterilizer, etc., an equipped maid's cupboard and a large table with chairs, which may serve many purposes.

If this is not possible, then running water and an electric stove, which is essential to teaching, must be in the demonstrating room itself.

That the student nurse may have a good basis for building up the theory of nursing, such sciences as chemistry and physics are reviewed and taught early in the course. More than that, these subjects must develop observation and power to reason from knowledge. These objects cannot be attained, especially when the student body is made up of such varied educational advantages or experiences, unless the schools of nursing provide or have free access to laboratories, which can take care of individual experiments and observation and, which is most essential, can provide the necessary time for such work. No amount of time or effort on the part of the lecturer can produce such good results or take the place of this. If the laboratory is part of the educational unit and this is ideal, then it can be equipped and used for such subjects as chemistry, bacteriology, physiology, materia medica, and possibly some dietetics, thus making it, under trained direction, a very well-used and much needed room and its asset to teaching very apparent. Completing this class-room unit is the reference library and study room, which may be one room. This is best in connection with the lecture room. It may not necessarily be a large room, but to be one by itself with its own definite purpose is enough. Its equipment must be ever replenished and watched, and the pupils must feel that this room is theirs. The quiet of all libraries should be preserved in this room. The instructresses may have a desk here and, when one is present, the pupils led to realize that discussions, questions of work or assistance may be given. The study tables could be provided with shaded desk lights. A bulletin board for schedules, notices, suggested readings or charts, is helpful. Instructive pamphlets may be left for reading and free access to the book shelves permitted. Whatever part or addition to such an educational unit a school of nursing may possess, some few things are essential to its successful administration and to facilitate its teaching. The equipment in all branches, but especially in the nursing part, should be sufficient to serve all teaching purposes and for student practice. There should be a willing co-operation between all other departments of the hospital and this one in providing the means of application, fresh laboratory material and any illustrative lecture material needed. Co-operation of the administrative nursing staff is specially helpful and necessary. There should be a budget, however small, set aside for replenishing and adding to equipment, thus making the educational side of nursing a matter of hospital responsibility in the minds of its Board of Directors. Time changes method and material in this as in other things, and the inability to obtain or have necessary equipment is one great drawback to teaching in schools of nursing. To make all student work of worth and interest to the pupil, sufficient time should be allowed for reading and follow-up work. This makes class time of the greatest value to both teacher and pupil. This is important to the instructress, who, through repeated unsuccessful attempts to interest physically tired pupils, gradually loses

interest herself. The instructress must be allowed time for preparation of work, and, if necessary, for individual attention to the lagging pupils. She should not have too many subjects to teach, and should be allowed time and opportunity to treat the subject she teaches fully and satisfactorily, time to study new methods or treatments, which, if not demonstrated and discussed in the lecture room, in conjunction with use in the hospital, destroys the fine co-operation there should be between these two necessary parts of the student nurses' education.

E. Nora Nagle,
Instructor, Hamilton General Hospital.

(Read at the C. A. N. E. Convention, Toronto, June, 1923.)

KISSING THE ROD

O heart of mine, we shouldn't
Worry so!
What we've missed of calm we couldn't
Have, you know!
What we've met of stormy pain,
And of sorrow's driving rain,
We can better meet again
If it blow!

We have erred in that dark hour
We have known,
When our tears fell with the shower
All alone!
Were not shine and shower blent
As the gracious Master ment?
Let us temper our content
With His own.

For, we know, not every morrow
Can be sad;
So, forgetting all the sorrow
We have had,
Let us fold away our fears,
And put by our foolish tears,
And through all the coming years
Just be glad.

James Whitcomb Riley.

Hospitals and Nurses

QUEBEC

Montreal General Hospital

Miss McCuaig (1923), is in charge of the Kiwannis Hospital at Shawbridge, Que.

Miss Gladys Young (1920) is on the staff of the Victorian Order in Montreal.

Miss Miriam Gray (1918) has a provisional appointment at the Q. A. I. M. N. S. Quarters at the Royal Rupert Hospital, Morton Hill Road, Woolwich, Kent, England.

Misses Boa, Batson, Denovan and L. McLead have been on duty on the steamer Cape Eternity on her weekly Saguenay trip.

Miss Charlotte McNaughton (1923) graduate in Public Health at the University of British Columbia, has a position with the Family Welfare Department in Montreal.

The engagement is announced of Adeline Waddell, daughter of Mrs. A. D. MacTier, to Mr. Donald Alexander White, son of the late Lieut.-Co'onel Frederick White and Mrs. White, of Ottawa.

Miss Caroline Davie (1920) has returned to private duty in Montreal.

Western Hospital, Montreal

The many friends of Miss Jane Craig, R. N., Superintendent of the Western Hospital, Montreal, will be pleased to hear of her convalescence after a serious operation.

Miss Hazel Kerr, R. N., has accepted the position of supervisor at the girls' camp in the White Mountains.

Mrs. J. Pollock has been appointed convenor for the bazaar to be held in the autumn in aid of the Montreal Graduate Nurses' Club.

We want new subscribers for the Canadian Nurse and Hospital Review. Send your name, address and $2.00 to Miss C. I. Nixon, R. N., 330 Orchard Avenue, Montreal, and it will be forwarded to the magazine office.

Jeffery Hales' Hospital, Quebec

Miss May Lunan has been appointed to the staff of the Jeffery Hales' Hospital.

* * * *

ONTARIO

St. Michael's Hospital, Toronto

Thirty-one nurses received diplomas at the recent commencement exercises held at the nurses' residence. Dr. G. Silberthorn presided, and addresses were given by several physicians and Rev. Father Cline. Miss Dorothy James was awarded the scholarship, presented by the Women's Auxiliary for highest standing in the final year's examinations, and which provides for a public health course at the University of Toronto.

Toronto General Hospital

The graduation exercises of the 1923 class, which was composed of 84 nurses, was held on May 31st, in the convocation hall of the University. C. S. Blackwell, Esq., chairman of the Board of Trustees, presided. The report of the school was read by Miss Jean Gunn, superintendent of nurses.

Western Hospital, Toronto

Miss Johnston (T. W. H., 1921), has returned from Lethbridge, Alta., and has been appointed night supervisor at the T. W. H.

Hospital for Sick Children, Toronto

Miss Alice Grindley (1915), is in charge of the Lakeside Home for the summer, and Miss Jennie Hill (1909) is supervising the Heather Club at the Lakeside Home.

Miss Mamie Dennison (1917) has been appointed Night Supervisor at the Hospital for Sick Children.

Miss Minty (1919) has accepted a position at the Rainbow Hospital, Cleveland, O.

Ottawa General Protestant Hospital.

The graduation exercises for the 1923 class were held on May 16th, when 31 nurses received diplomas. Addresses were given by the Arhcbishop, Monsigneur Emard, of Ottawa, and Dr. J. L. Chabot, president of the medical board. The following composed the class: Sister St. Armele, Misses G. Briand, H. Brownrigg, K. St. Denys, A. Proulx, B. Renaud, L. Laflamme, T. Gorman, L. Beauchamp, M. Williams, M. Collins, J. Robert, G. Clarke, E. Hibert, I. Hibert, L. Danis, P. Carruthers, E. Poitras, L. Dube, E. Beaulieu, M. O'Brien, Y. Auger, G. Costello, S. Villeneuve, A. Poitras, M. Galvin, E. Parrot, A. Pinard, Sisters M. Alban, L. Armand and Mrs. M. Duff. Three medals for excellency, given by the Sister Superior, were won by Misses G. Clark, P. Carruthers and M. Collins, and a nurses' kit, donated by the O. G. H. A. A. for practical work done in the wards, was won by Miss Y. Auger.

Hamilton General Hospital

Miss Edith Davidson has resigned her position as charge nurse on Q. A. VIII.

Misses Thorpe and Swayne have been taken on the staff of the H. G. H.

Misses Ashbaugh and Still have been added to the staff of the Public Health Nurses.

Bellville General Hospital

The graduation of the 1923 class of the hospital was held on June 28th on the hospital lawn, and was largely attended. The chairman, Mr. H. F. Ketcheson, opened the proceedings with a short address, after which the diplomas were presented by Mrs. W. C. Mikel, president of the W. C. A., to Miss F. S. Hanna, O. E. Bradshaw, E. R. Seeney, E. H. Trensar, L. E. Davidson, N. E. Fletcher and A. E. Jones. A most delightful address was then given by Dr. Austin, followed by one from Dr. Cronk. Special prizes were then given, Miss Flossie Hannah obtaining one for general proficiency during her three years' training. A delightful musical programme was much appreciated by the audience.

The graduate nurses of Belleville hald a most successful garden party recently to raise funds to furnish a room in the hospital. By their efforts, about $200.00 was realized for this purpose. Friends of the nurses provided a most excellent musical programme, and the dancing, fortune telling and refreshments all had attention from those fortunate enough to be present.

Wellesley Hospital, Toronto

Sir William Mulock, president of the Hospital Board, presided at the graduation exercises of Wel'esley Hospital, when 18 students obtained diplomas and badges, which were presented by Mrs. H. D. Warren. Mrs. Sidney Small addressed the class. Scholarships for general proficiency were given to Miss Eileen Harrison and Miss Ruth Jackson. The Herbert A. Bruce scholarship for proficiency in operating room technique was awarded to Miss Eleanor Hinch.

* * * *

BRITISH COLUMBIA

Vancouver

Misses Dorothy Webster, Lillian Clarke and Constance Milne are on the staff of St. Luke's Hospital, Powell River, B. C. All are graduates of the Vancouver General Hospital.

Miss Dorothy Jolliffe (Vancouver General Hospital, 1920)), has been promoted to the position of head nurse of the operating room, Golden State Hospital, Los Angeles.

Miss Jean McDougall (V. G. H., 1921), has accepted a position as head of the operating room department, Burnette Sanitarium, Fresno, Calif.

Miss N. C. Reid (Vancouver General Hospital, 1921), recently resigned her position as superintendent of the General Hospital, Hoquiam, Wash., and has gone to China, where she has accepted a position with the Rockefeller Institute, at the Union Medical College, Peking.

Miss Jessie Morrice, R. N., (General Hospital, Toledo), late superintendent of nurses, Tranquille Sanitarium, Tranquille, B. C., has been appointed superintendent of the Chilliwack General Hospital, Chilliwack, B. C.

Miss Charlotte Black, R. N., has resigned her position as superintendent of Prince Rupert General Hospital owing to ill-health, and Miss M. E. McCaul (Vancouver General Hospital) has been appointed in her stead.

BIRTHS

Beesley—At Tuxford, Sask., on June 8th, 1923, to Mr. and Mrs. W. D. Beesley, Delbeck, Sask., (Lucy Elliott, Regina General Hospital, 1919), a daughter, (Marion Elaine).

Crickard—At New Westminster, B. C., to Mr. and Mrs. F. W. Crickard, (Carrie M. Robson, Vancouver General Hospital and C. A. M. C.), a daughter.

Hicks—At the Oshawa, Ont., Hospital, on July 10th, 1923, to Mr. and Mrs. A. T. Hicks (Ruby Creighton, Toronto Western Hospital, 1918), a son (Robert Laing).

Marlatt—At Neville, Sask., on June 27th, 1923, to Dr. and Mrs. Marlatt (Irene Gray, Montreal General Hospital, 1918), a son (Charles Albert).

McCrea—At the Montreal Maternity Hospital, July 10th, 1923, to Mr. and Mrs. McCrea (Dorothy Bruce, Montreal General Hospital, 1920), a daughter.

Roney—At Toronto recently, to Mr. and Mrs. Roney (Catherine Cameron, Hospital for Sick Children, Toronto, 1910), a daughter.

Shinbein—At Vancouver, B. C., on August 4th, 1923, to Dr. and Mrs. A. B. Shinbein (Ethel Grace Hodgins, Grace Hospital, Toronto), a son.

Stanley—Recently, at the Salvation Army Hospital, Ottawa, Ont., to Mr. and Mrs. J. V. Stanley (Catherine Hurley, Ottawa General Hospital, 1910), a son.

Watt—Recently, to Mr. and Mrs. James Watt (Miss Mosher, Public Health Class, University of British Columbia, 1922), a son.

MARRIAGES

Brisbane-Church—At Toronto, Ont., on June 29th, 1923, Gertrude Church (Hamilton General Hospital), to Mr. M. M. Brisbane, of Hamilton, Ont.

Coons-Dell—On April 21st, 1923, by Rev. Canon L. W. B. Broughall, Hazel May Dell, daughter of Mr. and Mrs. J. G. Dell, of Port Dalhousie, Ont., to Arthur D. Coons, son of the late Capt. C. E. and Mrs. Coons, of St. Catharines, Ont.

Foster-Davies—At Vancouver, B. C., on August 6th, 1923, at St. Mark's Church, Emma Davies (Vancouver General Hospital, 1918), to Mr. H. G. Foster, of Arlington, Wash.

Harrington-Jones—The marriage took place recently in Montreal, Que., of Miss Lillian Jones (Jeffery Hale's Hospital, Quebec City, 1920), to Rev. George Harrington, of Daneville, Que. Mr. and Mrs. Harrington have gone to live in Labrador.

Horsman-Maw—At the residence of the bride's sister, 199 Selby Avenue, Westmount, Montreal, Gertrude Maw (Western General Hospital, Montreal, 1910), to Mr. C. E. Horsman, of Moncton, N. B. They will reside in Manila, Philippines Islands.

Hull-Raphael—At First United Presbyterian Church, Los Angeles, Calif., by the Rev. W. E. McCulloch, July 28th, 1923, Louise Raphael (Vancouver General Hospital, 1920), to Mr. J. Spurgeon Hull. They will reside at Avalon, Catalina Island, California.

Lee-Gill—At St. Catharines, Ont., on August 9th, 1923, Caroline Dorothy Gill (Hamilton General Hospital, 1917), to Mr. Arthur Stanley Lee, of St. Catharines.

MacLeod-Ross—At Charlottetown, P. E. I., in August, 1923, Myrtle Ross (Royal Victoria Hospital, 1919), to Mr. John MacLeod, of Stellarton, N. S.

Ogden-Daniel—At Wesley's Chapel, London, England, on July 11th, 1923, by the Rev. Mr. Armstrong, Gertrude Daniel (Toronto Western Hospital, 1919), to Charles E. Ogden, of Toronto. They will reside in England.

Philpot-Haggart—At Nanaimo, B. C., on July 21st, 1923, by the Rev. S. Ryall, at St. Paul's Church, Dorothy Haggart, R. N., (Nanaimo General Hospital, 1923), to William Ernest Philpot.

Prenter-Griffin—At St. John's Church, Vancouver, B. C., on August 7th, 1923, Phyllis Agnes Griffin (Vancouver General Hospital), to Mr. Reginald Vicars Prenter, M. C.

Rose-Sanderson—In San Francisco, on July 26th, 1923, at the First Presbyterian Church, by Rev. Dr. Hogarth, Beatrice Sanderson, R. N., (Royal Victoria Hospital, Montreal), to Mr. Henry K. Rose, second son of Mrs. W. M. Rose, of Vancouver, B. C. They will reside in Los Angeles.

Sievenpiper-Morrison—At the home of the bride's sister, Mrs. A. V. Robins, Talton Place, Vancouver, B. C., on August 11th, 1923, Alma R. Morrison, R. N., (Vancouver General Hospital, 1920), to Dr. S. H. Sievenpiper, of Vancouver.

Tretheway-Horler—At the Kitsilano Methodist Church, Vancouver, B. C., on July 30th, 1923, by Rev. W. Vance, Flora Horler (Royal Columbian Hospital, New Westminster, B. C., to Mr. Leslie Tretheway, of Abbotsford, B. C.

DEATHS

Edwards—At Pembroke, Ont., on May 2nd, 1923, Mrs. Edwards (Nursing Sister Turcotte, graduate of Ottawa General Hospital, 1906).

SOONER OR LATER

We may blind ourselves to our own real purposes, and refuse to recognize our motives or to accept responsibility for our influence, but this is possible only for a time. Sooner or later, at some turn of the road, we are bound to come face to face with ourselves.

Give us, oh, give us the man who sings at his work. Be his occupation what it may, he is equal to any of those who follow the same pursuit in silent sullenness. He does more in the same time—he will do it better—he will persevere longer.

Even the thought of a true friend will often make us strong to resist temptation, and brave enough to apply ourselves with new zeal and energy to the tasks before us.

POSITIONS OPEN

Bellevue Hospital offers to graduate nurses $85.00 per month, with maintenance, for night duty.

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POSITIONS OPEN

Wanted—Graduate nurses for general duty in new obstetrical pavilion. Salary, $80.00 (eighty dollars), and complete maintenance.

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WANTED

Night nurse, general floor, by September 1st; bed capacity 14; Ohio location. Salary, $90, full maintenance. No. 111 F, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

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An Examination for Registered Nurses' Certificates in British Columbia will be held in accredited Training schools of the Province, on Wednesday, Thursday and Friday, Nov. 7th, 8th and 9th, 1923.

Names of candidates writing must be in the office of the Registrar no later than October 5th, 1923.

Full instructions to candidates may be obtained from the Registrar or at the hospitals where examinations are to be held.

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Registrar.

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Among the decorations and medals awarded by the Allied powers to the British forces who served in the Great War are the following: Medaille des Epidemies, En Vermeil: Nursing Sister L. Baron, No. 8 Canadian General Hospital, Canadian Army Medical Corps. En Argent: Nursing Sisters C. Bryant, E. M. Drysdale, M. S. Fenton, S. E. Genders, K. Guerin, E. V. J. Hill, G. I. G. Johnstone, A. R. R. C., E. C. Letellier, C. M. MacDonell, A. Morning-Duffey, W. D. Schurman, C. R. Shea, and F. Telford, all attached to No. 6 Canadian General Hospital, Canadian Army Medical Corps; and Nursing Sister A. Cloutier, No. 8 Canadian General Hospital, Canadian Army Medical Corps.

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The Society of the New York Hospital offers, at Bloomingdale Hospital, to graduates of registered schools of nursing, a six-months' course in the nursing of nervous and mental disorders.

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We have no time to stand and stare?
No time to stand beneath the boughs
And stare as long as sheep or cows?
No time to see, when woods we pass,
Where squirrels hide their nuts in grass?
A poor life this if, full of care,
We have no time to stand and stare."

W. H. DAVIES.

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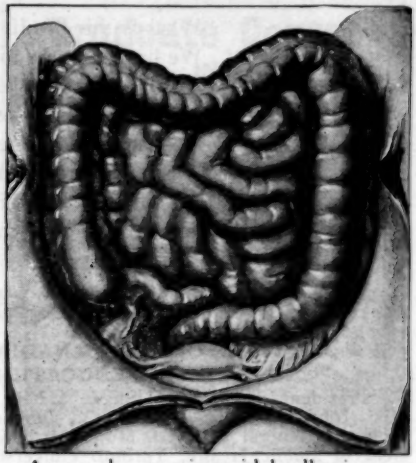
Spastic bowel; *(a)* showing ulcerations

Dyschezia due to fecal impaction



Atony due to sigmoidal adhesions

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Constipation usually follows an evolutionary course.

Atonic Constipation is characterized by a relaxed, inactive gut favoring the accumulation of feces, particularly where the intestine bends. This predisposes to inflammatory conditions, resulting in colitis. Nujol prevents the formation of large masses of waste, thereby lessening the distention which prevents bowel activity.

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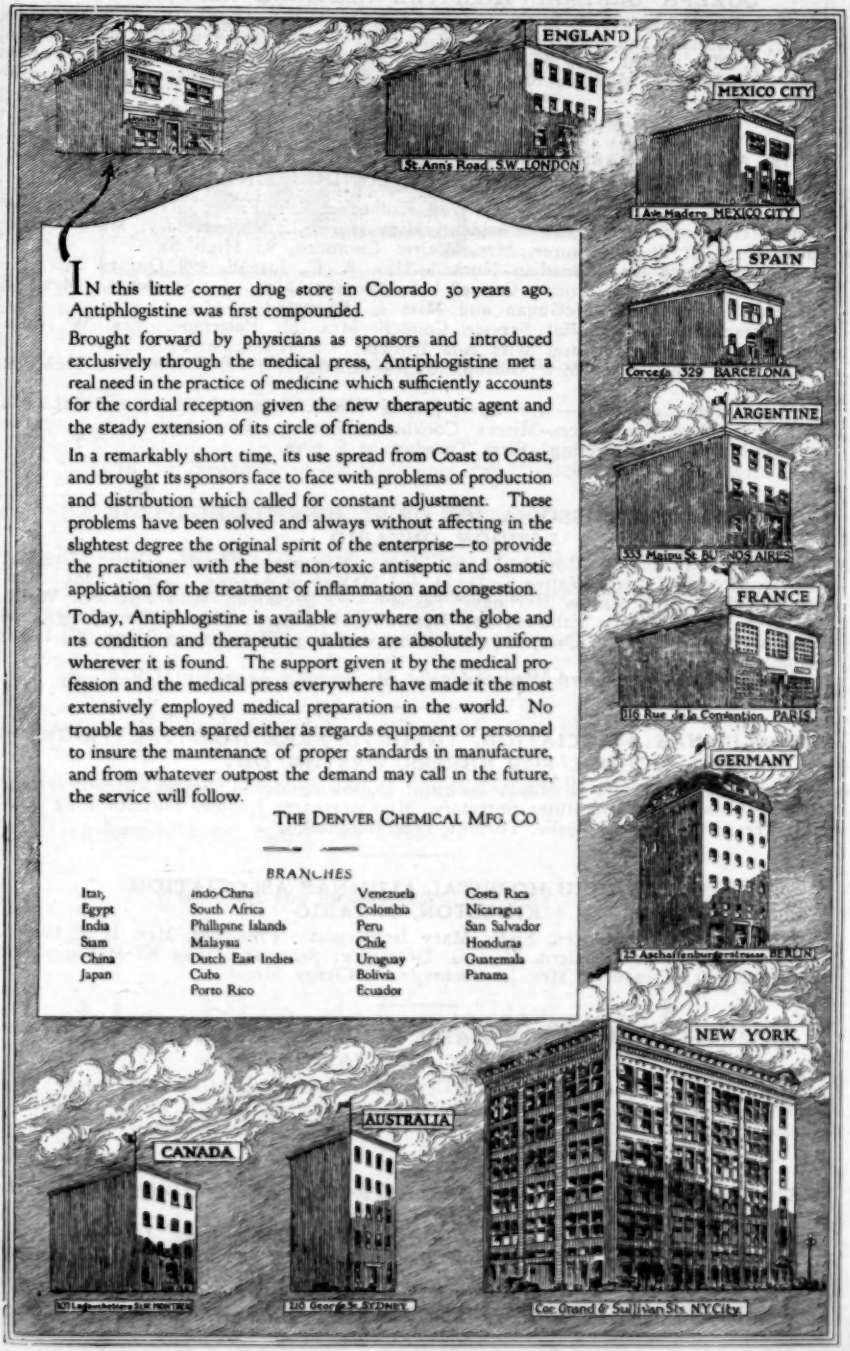

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